



## Leave Request

Badge ID \_\_\_\_\_

Last Name \_\_\_\_\_

First \_\_\_\_\_

Middle Initial \_\_\_\_\_

L code \_\_\_\_\_

Work Phone \_\_\_\_\_

### LEAVE PERIOD:

Starting: \_\_\_\_\_

Through: \_\_\_\_\_

Total Number of Days: \_\_\_\_\_

| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|       |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

**Please FAX this Form to: (925) 960-0371 or L-Code it to: L-505**

|                       |           |
|-----------------------|-----------|
| V = Vacation          | COMMENTS: |
| H = Holiday           |           |
| S = Sick Leave        |           |
| B = Bereavement       |           |
| R = Regular Day Off   |           |
| J = Jury Duty         |           |
| M = Military Leave    |           |
| L = Leave Without Pay |           |

Employee's Signature \_\_\_\_\_

Date of Request \_\_\_\_\_

University Approver\* \_\_\_\_\_

Date Forwarded \_\_\_\_\_

\* University Approval is signifying that operational requirements permit the leave. IAPWS must approve all leave.

***DISTRIBUTION: Original to IAPWS, Copy to University Approver, and Copy to Employee***